

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Angel Home for Seniors	CHAPTER 100.1
Address: 1315 Kupau Street, Kailua, Hawaii 96734	Inspection Date: February 6, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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19 FEB 21 PM 2:47
STATE LICENSING SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Baza antifungal cream found unsecured in bedroom #3.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; font-size: 1.5em; font-family: cursive;">SEE ATTACHED</p>	<div style="text-align: right; padding-right: 10px;"> 19 FEB 21 P12:47 RECEIVED STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES </div>

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11-100.1-15(a): I took the Baza antifungal cream from bedroom #3 on 2/6/19 and locked medications in the medicine cabinet. To prevent this from happening again, I re-trained all SCG to lock all medication after administering and provide end of the shift check list, for Aide to check each room for any unsecured medication and to lock them right away if they find any medication. PC will follow up on an ongoing basis to ensure this won't happen again.

Archer

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19 FEB 21 PM 2:48

STATE OF TEXAS
COMPTROLLER
STATE LICENSING

SCG = sub-care giver/PC =primary care giver/otc = over the counter

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11-100.1-15 (a): I changed and place the proper label on the otc Acetaminophen 325mg on 2.6.19. To prevent this from happening again, I will re-train all SCG and assign one SCG to be responsible in placing otc labels. SCG will need to read and cross check labels and medication labels are the same and correct. Before locking any otc away SCG will ask PC or another SCG to verify label and then lock it away. PC will monitor on a on going basis and do spot check for medication labels to prevent mislabeling in the future.



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19 FEB 21 PM 2:48

SMITHSONIAN INSTITUTION

SCG = sub-care giver/PC =primary care giver/otc = over the counter

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills conducted on the following months were found to be incomplete:</p> <ul style="list-style-type: none"> • December 2018- no day and time • November 2018- no time 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SEE ATTACHED</p>	<p>19 FEB 21</p> <p>PI2:48</p>

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11-100.1-23 (g)(3)(D): Completed for late entry on 2.7.19. To prevent this from happening again, I will perform a monthly check and assign one SCG to be responsible to perform the monthly fire drill. PC will monitor ongoing basis for implementation.

A. Baker

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'19 FEB 21 PM 2:48

STATE OF MICHIGAN
DEPARTMENT OF
STATE RECORDS

SCG = sub-care giver/PC =primary care giver/otc = over the counter

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1- No care plan developed by RN CM for resident's issue with bowel elimination. Resident on routine Miralax and Senna S for constipation.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SEE ATTACHED</p>	<p>19 FEB 21 PM 2:48</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH STANDARDIZATION</p> <p>RECEIVED</p>

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11-100.1-88(c)(2): I called RN CM on 2.7.19 to discussed and to develop a care plan for Resident #1 for bowel elimination since Resident #1 is on a routine Miralax and Senna S for constipation. The RN CM has updated the care plan. To prevent this from happening again, I will update and review all orders with the RN CM and will ensure that care plan is updated appropriately. If changes occur prior to the case manager visit, I will verbally notify the CM of any changes and if verbal instructions are given, those instruction will be noted in the care plan and progress note. PC will obtain copy of care on a timely manner.

OCabur

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19 FEB 21 PM 2:48

STATE OF ILLINOIS
DEPT. OF REG.
STATE LICENSING

SCG = sub-care giver/PC =primary care giver/otc = over the counter/RN CM= case manager

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ACalder

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19 FEB 21 PM 2:49

STATE OF IOWA
DEPARTMENT OF
STATE LICENSING

SCG = sub-care giver/PC =primary care giver/otc = over the counter/RN CM= case manager

Licensee's/Administrator's Signature: Adalme

Print Name: Ancelie Cabel

Date: 2-18-19

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19 FEB 21 PM 2:49

STATE OF ILLINOIS
DH-CHCA
STATE LICENSING